KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, APRIL 28, 1894. No. 17.

ORIGINAL ARTICLES.

Dyspepsia.

BY DR. A. B. JONES.

Read before the Northwest Kansas Medical Society, April 2, 1894.

Gentlemen: I hardly know how to begin this subject, as it includes so much in one sense and nothing in another. Thus Copeland includes under dyspepsia a clinical picture of gastric ulcer. Todd classifies it as idiopathic and dueteropathic dyspepsia, and subdivides the former into functional and organic, and the latter into sympathetic and symptomatic; besides these he recognizes atonic, inflammatory, irritable, and follicullar dyspepsia.

Ross has three great groups, namely: Inflammatory, functional, and organic. These he classifies again into no less than nine subdivisions. Some of our later writers have excluded dyspepsia from their works on diseases of the stomach, and merely refer to it as a symptom or functional disturbance of the stomach, but not as a disease. You can see where I am by accepting the theory of the later writers. I am like a boat without a rudder or a kite without a tail. While I think it should not be classed as a disease, as there is a cause for everything, and in the name of J. Adams Allen: first find out what's the matter with the patient before giving him medicine. I will disregard the teachings of modern writers, put on my rudder, tie on my tail, and sail in. Chronic functional dyspepsia and chronic indigestion are like twin brothers who look just alike but have different dispositions; or, if you please, you may call the milder cases chronic indigestion and the more severe ones chronic dyspepsia. If you separate them you cannot tell where the one begins and the other ends. I will take up the subject regardless of the varieties, mention some of the symptoms and causes of dyspepsia, and give my idea of treatment as best I can. But to do justice we should handle the diseases of the stomach under their proper names. I will here mention some of the predisposing causes: All morbid conditions of the nervous system play an active part in this trouble. Nerve leisons, injury to the nerve trunks, impressions made upon nerves of special sense are known to stop the secretions and thereby produce indigestion. All conditions of depressed vitality tend toward dyspepsia. Heredity plays an active part in this class of cases; not directly, but indirectly by faulty conditions of the nervous system being transmitted from parent to offspring. Different habits of life are predisposing causes of dyspepsia. All sedentary occupations, failures in business, disappointments, overloading the stomach, eating hurriedly, poor cooking (especially when our wives do not make as good mince pies as our mothers did). Poverty is sometimes accused of being responsible for dyspepsia, but in my practice I have found that most of the poor people have good stomachs, and can now recall but one case of dyspepsia among that class, and I attribute that to the lack of proper exercise, as to conclude whether he is moving or not you are obliged to sight some stationary object and keep them both in view for several minutes. Age must be taken into consideration in dyspepsia. We are all well aware that the young cannot tolerate the variety of food they are often allowed to have; and let me remark right here that, barring the infectious diseases, the majority

of the sickness among children is caused by faulty diet. Very old persons, even if they have good store teeth, cannot digest the hearty food as in days gone by, and if they insist on trying it is bound to result in dyspepsia or something worse. We are often asked if the use of tobacco will produce dyspepsia. I am obliged to be somewhat guarded in giving my opinion on this subject, or it would come back at me like this: Why don't you practice what you preach? I know of nothing I enjoy more after partaking of a hearty meal than a good cigar, and I am satisfied that moderate smoking is not injurious unless you expectorate too freely. I think chewing tobacco with continual spitting is not altogether harmless, as it overtaxes the salivary glands and digestion is the sufferer. Anaemia must not be overlooked, because in it the digestive organs suffer equally with the others and the muscular actions of the stomach and intestines are decreased. I have referred to most of the predisposing causes of dyspepsia and we now come to the exciting causes. Mastication being the first step in digestion, it is essential that it should be well done, and that the saliva should be thoroughly mixed with the food before it passes into the stomach. If this be neglected, we make a fatal mistake right in the start and display a cause of indigestion. The food now reaches the stomach either prepared or not, as the case may be, and is acted upon by the gastric juice. There may be a lack of hydrochloric acid or a small quantity of pepsin, or *visa versa*, but usually the former, and we have another exciting cause of indigestion. After the food passes from the stomach and is acted upon by the bile, pancreatic juice and the succus entericus, so any abnormal condition of the organs will be a cause of indigestion, although the intestines will digest the food for a limited time regardless of the action of the stomach. As causes we might mention all uterine disorders, such as endometritis, flexed uteri, cervicitis, ovaritis, etc.; taking meals irregularly, too often or intervals between too long, the use of alcoholic liquors before meals, especially when taken undiluted. The symptoms of functional dyspepsia as referred to the stomach are: Sense of fullness and distension after meals, derangement of the appetite, eructions of gas, flatulence, nausea and vomiting and regurgitations of food. Frequently we have more or less pain in the stomach, shooting in different directions. What is ordinarily called heartburn (cardialgia) is a frequent symptom. We often have a craving for food, a disposition to eat chalk, slate pencils, etc.; unpleasant tastes in the mouth, offensive breath, frontal headache, loaded urine and especially constipation. We sometimes have dyspepsia associated with diarrhoea, but when so is usually following constipation. We may also mention vertigo, although it occurs in many other conditions beside this one. Dyspeptics are prone to skin diseases such as eczema, urticaria, erythema, lichen, and many other allied diseases. But we will merely mention them as symptoms or conditions that may aid us in our diagnosis. The dyspeptic is also subject to languor, drowsiness after taking food, depressed spirits, hypochrondriasis, irritability, etc. I will skip the ætiology for the reasons I gave at first, and will refer to the general treatment that will apply in dyspepsia to a certain extent, regardless of the diseases which produce it. Of course the proper thing to do is to first discover the cause of this socalled disease and remove it if possible; but when we go after the causes we find separate diseases, such as gastritis, gastric ulcer, dilation of the stomach, atrophy, different conditions of the mucus membrane and submucosa of the stomach, polypi, etc., producing this condition. I consider lavage the sheet anchor in the larger majorities of diseases of the stomach. All conditions of the stomach resulting in a fermentation, nothing is better than the hot water with some antiseptic or antifermentative, of which we have a large list to select from, such as salicylic acid, borax, sodium sulphate, benzoic acid, permanganate of potash, or listerine, which I use more than any other. By the use of the syphon we remove all fragments of partially digested food, mucus and dispel the gas, which leaves the stomach clean and not burdened with the

results of fermentation. We can use remedies which will digest the food outside of the stomach and are bound to do so when introduced into the stomach, but at the same time I think it poor practice to continue such medicine, as the stomach takes advantage of such treatment and will remain dormant, the glands become inactive, and after we stop our medicine drops back into a worse condition than it was before. If by examination we find any of the ingredients of the gastric juice wanting, it is perfectly proper to supply the deficiency. More often than other conditions we find a decreased quantity of hydrochloric acid, and for that reason large doses of the same can be given, well diluted, for long periods with great benefit and no deleterious results. Massage, when there is dilation of the stomach, is very good treatment, but we must be very careful not to crowd the food from the stomach before it has been acted upon by the gastric juice. When there is an inactivity of the muscular action of the stomach and intestines, nothing is better than electricity. Regulations of the diet must be looked after, also the hygenic conditions — plenty of fresh air, sunlight and exercise, and well-ventilated sleeping rooms. We might mention as good remedies, creasote, bensomephthol, salicylate, bismuth, papoid or soda, glycozone, as in cases of fermentation and decomposition of food in the stomach. All irregularities of the bowels should be carefully looked after. We have quite a variety of remedies from which we can select, and I don't think it necessary to mention them here. Enema, either plain or with salt, soap, decoction of senna, castor oil, etc., can be used at times with good results, especially when the large intestine is relaxed. I have referred to dyspepsia in a general way, and will close by simply saying it ought to be stricken from the list of diseases.

OHIO physicians will secure their law after all. The committee will recommend the bill for passage.

Treatment of Eczema.

Klotz, in the course of a paper upon the principles of antisepsis in the treatment of eczema, holds that it is well to begin by producing thorough disinfection of the affected surfaces. Thus, after removal of crusts with water and soap, the part should be washed with corrosive sublimate not stronger than 1 to 3,000 or 1 to 5,000. This solution is used hereafter morning and night by means of a pad of absorbent cotton, and, if possible, this pad, well soaked in the solution, is to be kept applied to the diseased surfaces from half to one hour during each washing. The parts are then dried and a 10 per cent. boric-acid vaseline ointment is rubbed into the skin and covered with a cotton bandage. In a few days all suppuration ceases. In milder cases 2 or 3 per cent. boric-acid lotion takes the place of the corrosive sublimate. In acute inflammatory cases, especially when the legs are involved, with or without ulcers, 2 to 4 parts of acetate of lead are added to each 4,000 parts of boric-acid solution, and compresses soaked with this mixture are constantly applied for several days. Even in the dry forms of eczema these wet applications are of service.

Petrilli warmly recommends zinc sulphate as an external application in the treatment of eczema, basing his favorable opinion upon a number of reported cases in the *Archiv fur Dermatologie und Syphilis*, Bd. xxvi. Heft. 3. —*Therapeutic Gazette.*

Dermatology.

The eighteenth annual meeting of the American Dermatological Association will be held at the Arlington Hotel, Washington, D. C., May 29, 30, 31, and June 1, 1894.

Officers—R. B. Morrison, M.D., of Baltimore, president; G. T. Jackson, M.D., of New York, vice-president; C. W. Allen, M.D., of New York, secretary and treasurer.

Kansas Medical Journal.

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Topeka, Kansas, Saturday, April 28, 1894.

Physicians' Convention.

The following letter has been issued by the Secretary of the State Board of Health. A number of them have been sent to each county health officer with a request that he place one in the hands of every graduate in his county.

PHYSICIANS' CONVENTION.

Every Physician in Kansas Invited to Attend.

OFFICE OF THE SECRETARY,
STATE BOARD OF HEALTH,
TOPEKA, KAS., April 17, 1894.

Doctor ————:

Dear Doctor—You are hereby invited to attend the Physicians' Convention, which will be held in the City of Topeka, at Representative Hall, Tuesday, May 15, 1894, at 3 o'clock P.M., for the purpose of considering a bill to be presented to the next Legislature regulating the practice of medicine in this state, to preserve the public health, to create local boards of health, to define the duties and powers of such boards, and to make certain acts misdemeanors, and provide for the punishment thereof.

This convention will be composed of physicians of the regular, homeopathic, and eclectic schools of medicine, and it is hoped that some medical legislation can be agreed upon that will be satisfactory to the three schools above mentioned.

Every county health officer is requested to attend this convention. Yours fraternally,

HENRY A. DYKES, M.D., Secretary.

Fee Bills a Violation of the Law.

The Northwest Kansas Medical Association, at its meeting at Oakley, Kas., April 2, reported a fee bill for the guidance of its members. It is understood by this that a united or concerted action was taken in the matter. While this may not make any trouble, yet if a member of this association should sue for services, the statutes of the state of Kansas makes such an agreement a penal offense, and the physician would not only lose a fee but would be liable to fine or imprisonment, or both. For the benefit of societies throughout the state we publish the following extract from the Kansas statutes of 1889:

Trusts and combinations in restraint of trade and product.

SECTION 1. That all arrangements, contracts, agreements, trusts or combinations between persons or corporations made with a view or which tend to prevent full and free competition in the importation, transportation or sale of articles imported into this state, or in the product, manufacture or sale of articles of domestic growth, or product of domestic raw material, or for the loan or use of money, or to fix attorneys' or *doctors'* fees, and all arrangements, contracts or agreements, trusts or combinations between persons or corporations designed or which tend to advance, reduce or control the price or the cost to the producer or to the consumer of any such products or articles, or to control the rate of insurance, or which tend

to advance or control the rate of interest for the loan or use of money to the borrower, or any other services, are hereby declared to be against public policy, unlawful and void.

SEC. 3. That all persons entering into any such arrangement, contract, agreement, trust or combination, or who shall after the passage of this act attempt to carry out or act under any such arrangement, contract, agreement, trust or combination described in sections 1 and 2 of this act, either on his own account or as an agent or attorney for another, or as an officer, agent or stockholder of any corporation, or as a trustee, committee or in any capacity whatever, shall be guilty of a misdemeanor and on conviction thereof shall be subject to a fine of not less than one hundred dollars and not more than one thousand dollars, and to imprisonment not less than thirty days and not more than six months, or to both such fine and imprisonment in the discretion of the court.

The law further says that where suit is brought for collection of such fees the fact of the existence of such agreement or contract may be introduced as defense.

A few years ago a physician in Topeka brought suit to collect a fee and produced, as evidence of the fairness of his charge, the fee bill of the society to which he belonged. He was defeated by his own evidence and lost his case.

We don't think fee bills are a necessity in any community. Every physician should charge what he thinks his services are worth, and he is not likely to find his patrons putting a higher estimate upon his services than he does himself.

If your competitor does not consider his services worth as much as yours, you are certainly under no obligation to lower your estimate for his convenience. He will be the one to suffer. Fee bills are always a burden to any society, are always a source of disturbance among its members, and discussions of such things should have no place on the program of a society organized for the advancement of medical knowledge.

ATTEND the Physicians' Convention.

A Question of Ethics.

There is hardly a man who has any regard for his standing in the medical profession but would denounce any institution whose methods savored of quackery. There is hardly a physician who respects himself or his title that would associate himself in any way with such an institution. What can be said then of reputable physicians who by contract or private arrangement will aid such institutions in their work? We have been informed, and we have good reasons for believing the truth of the statements, that certain physicians of high standing in Kansas City, Topeka and other cities have, by agreement with the agents or contractors of certain medical and surgical institutions, agreed to treat or assist in the treatment of such cases as they may send to them. In other words they have allied themselves with these institutions, have by special agreement became parties to the business done by them. Of what purpose is all our efforts at medical legislation when physicians in official positions and members of the medical profession in high standing are in league with the very institutions we hope to overthrow. There is something rotten somewhere. The physician who claims to respect his name and his profession, and by any such arrangement allies himself with anything that savors of quackery is either a fraud or the agent is a very smooth fraud and has by means of a smooth tongue and glowing promises of business lured him into a position from which he may find it difficult to extricate himself.

With the almost unanimous appeals from the profession for higher medical education, and the universal demand for better protection against quacks and pretenders, it behooves us to be wary of all allurements of this kind and maitain as far as possible the ethics of our profession. With the present laxity of our laws everything is likely to be tainted by the prevailing custom, but we are pleased to see that the Kansas Medical College has declared itself as openly and

emphatically opposed to everything unethical, and as strict adherents to the code. We give herewith a resolution adopted at a recent meeting of the faculty of the College:

"*Resolved*, That any member of the faculty of the Kansas Medical College or any person connected therewith in any capacity, who, by contract, arrangement, or by written or verbal agreement, associates himself with or becomes a party to the business of any physician or company of physicians or medical or surgical institute, or other institution doing business in an irregular and unprofessional way, or with the agents of such physician, company of physicians, or institution; or, who by contract, arrangement or agreement employs, or agrees to do business for or in any way is connected with any agent or solicitor, soliciting or contracting with persons for medical or surgical treatment, shall be deemed guilty of unprofessional conduct, and such action shall be considered sufficient cause for the removal of such member of the faculty. Be it further

"*Resolved*, That we as individuals and as a faculty reaffirm our allegiance to the Code of Ethics of the American Medical Association."

Alcohol in Shock.

Dr. Wood is authority for the statement: "That alcohol is probably of no value whatever in shock; indeed, I am perfectly sure that a large dose of alcohol in shock puts one nail in the coffin of the patient, and if you want your patients to come out of shock you will be very careful in giving them alcohol. Alcohol stimulates the heart, but it paralyzes rather than stimulates the blood vessels." The theory is, "by its action on the blood cells it checks oxidation and limits the power of absorbing oxygen and eliminating carbonic gas."

DON'T fail to attend the Physicians' Convention Tuesday, May 15.

Medical Societies.

The time which is devoted to the reading and discussion of papers in some of our larger medical societies is so interrupted by the business matters of the organization and by the personal and factional quarrels of its members, that its real scientific work is but little if any improvement upon that done by some of our county and local societies. Many good meetings have been spoiled by the great interest manifested in the political features of the society. For the good of the society some plan should be adopted which will entirely eliminate this element from the meetings. No member who is much interested in having this or that candidate elected to the presidency or some other office, can be vitally interested in the real purpose or work of the society. The election and other business matters usually consume the greater part of one day, and until after election of officers there is always considerable restlessness. Why not devote a part of the first day to these matters and have everything out of the way for the papers and their discussion. With such an arrangement as this those who were not particularly interested in the society's politics could spend their time more profitably at home, and the politicians could have the field to themselves until the struggle was over, and could then perhaps find more interest in the program.

We simply offer these few suggestions in the interest of better society work. In the coming meeting of the State Society we have no axes to grind and no favors to ask. We propose, as we have always done, to give a report of all the transactions of the society that will be of interest to our readers, and publish such of the papers as their authors may favor us with. We are interested in the success of the society, and will do all we can to increase the benefit to be derived from its meetings.

The program is a good one, and we are sure that every member who attends, if he is so inclined, may profit thereby.

Cod Liver Oil.

There seems to be a tendency on the part of physicians to abandon the use of this once most useful drug. It is claimed that it seldom does any good, produces disturbance of digestion, irritation and diarrhœa, and often increases the waste it is supposed to check. That there is a fallacy in such conclusions will be readily admitted by those who have carefully watched and studied its effects. Cod liver oil unless it be digested and assimilated is, we know, liable to cause fermentation, disagreeable eructations and other conditions which do not assist nutrition. The whole question of the result of its use depends upon the methods of administering it. There are few stomachs that will tolerate pure cod liver oil, and a large majority of the emulsions are not digested or assimilated. The assimilation depends upon its proper digestion, and in order to facilitate this process there are two conditions that must be carefully considered. As it is prepared for assimilation by the biliary and pancreatic secretions, it is essential that the oil reach these agents in an alkaline condition. In order to insure this condition it should be rendered thoroughly alkaline. This can be easily done and at the same time add considerably to its therapeutic properties by the addition of the alkaline phosphates. Another condition is antisepsis. On account of its tendency to cause fermentation the addition of some agent to prevent this will eliminate one of the most disagreeable features of its use. Creosote or guaiacol will do this excellently and at the same time add another element to its therapeutic value, especially in the treatment of tubercular troubles. Another important consideration is the proper covering of the disagreeable taste and odor, and the accomplishment of this will depend upon the skill of your pharmacist. We know of only one emulsion which contains guaiacol, and that is a preparation prepared by the Kaw Pharmacal Co., of Topeka, Kas., under the name of Guaiacoline. It is an elegant preparation. Knowing the men who prepare it and knowing that there is no secrets in the formula, we do not hesitate to indorse it as most nearly filling the requirements of a standard emulsion.

SARSAPARILLA.—This long-used drug, which has for years filled the wants of the people for a spring medicine, a blood purifier, tonic and everything else, is recommended by authorities only for a vehicle for iodide of potassium and bichloride of mercury. Potter says: "Whenever used the compound decoction will give the best results, the hot water and other ingredients being of medicinal value." It is better so, and we imagine if all the drugs which have become household remedies were as innocent of physiological action as this the physicians and the people would be better off.

GALLOBROMOL is the latest remedy for the treatment of gonorrhœa, acute cases. It is claimed that a 10 per cent. solution will abort early acute cases. Cases where the discharge is well established yield to copious irrigations with a 1 or 2 per cent. solution, a pint at a time.

MUSK IN HICCOUGH.—in the management of obstinate hiccough we would recommend a trial of musk. It is a remedy not very much used at the present time on account of its cost. It has been highly recommended to us as being very efficient in these cases: Dr. Potter says; "Musk is a very diffusible stimulant, acting directly on the nervous and circulatory systems, but without much energy. It is also an antispasmodic, and is used with benefit in general prostration of the system with nervous agitation or irregular muscular action."

IT is claimed that cinnamon is as strong and as rapid a germicide as corrosive sublimate.

State Society Program.

We publish herewith the program for the meeting at Atchison May 3d, 4th, and 5th.

The railroads will give a rate of one and one-third fare for the round trip on the certificate plan, therefore be sure that you secure from the agent of whom you purchase your ticket a certificate showing that you have paid the full one way fare. Provisions have been made by the committee for a good time and a good meeting.

Every physician in the state who is not now a member should make it a point to be present at this meeting and join the society. The largest meeting of the State Society ever held was at Atchison. Why should not this be larger?

OPENING SESSION, MAY 3.—10 A. M.

Report of Committee on Arrangements, W. H. Bogle, M.D., Chairman.

Address of Welcome—W. H. Wynn, Ph.D., D.D., Atchison. Professor of Midland College.

Response—H. S. Roberts, M.D., Manhattan.

President's Address—Geo. W. Hogeboom, M.D., Topeka.

ORDER OF BUSINESS.

Reading of minutes of last meeting.

Report of officers and committees, etc., including annual election of officers.

All discussions relative to papers of the respective sections will be left to the discretion of the president.

PROGRAM BY SECTIONS.

Hours of convening: Morning session, 9 A.M.; afternoon session 2 P.M.; evening sessions as directed by society.

MEDICAL SECTION—2 P.M., THURSDAY.

1. Chairman's Address—C. H. Schriner, M.D., Galena.
2. "The Intelligent Control of Offspring"—W. F. Osborn, M.D., Baldwin.
3. A Paper (subject not announced)—Ida C. Barnes, M.D., Topeka.
4. "Pensions From a Medical Standpoint"—J. H. Holdeman, M.D., Paola.
5. A Paper (subject not announced)—Sam D. Reynolds, M.D., Clay Center.
6. "Some Points Relative to the Clinical History and Treatment of Typhoid Fever"—A. A. Ward, M.D., Fulton.
7. A Paper (subject not announced"—C. C. Uhls, M.D., White City.
8. "Thermic Fever"—S. Murdock, M.D. Oneida.
9. "Hygiene"—J. Adison Jeannotte, M.D., Clyde.
10. "Myxœdema"—G. T. Marner, M.D., Marion.
11. "International Health Congress"—J. B. Hibben, M.D., Topeka.
12. A Paper (subject not announced)—Melvin Collins, M.D., Oxford.
13. "Miscellaneous Report of Cases on Clinical Experience with New Remedies"—Members of the Section.

C. H. SCHRINER, M.D., Chairman,
S. S. STEWART, M.D., Secretary, Galena.
Topeka.

SECTION OF OBSTETRICS AND GYNOECOLOGY.

1. Chairman's Address—J. W. Felty, M.D., Abilene.
2. "Eclampsia Parturientium"—D. W. Basham, M.D., Neal.
3. "Complete Inversion of Uterus," with report of case—Geo. M. Gray, M.D., Kansas City, Kas.
4. "Ectopic Gestation," with report of cases—J. E. Oldham, M.D., Wichita.
5. "Cancer of the Pylorus from a Surgical Standpoint," W. Easterly Ashton, M.D., Philadelphia, Pa.
6. "Abortion" (Twin Pregnancy)—H. H. Russell, M.D., Lucas.
7. A Paper (subject not announced)—A. H. Cordier, M.D., Kansas City, Mo.
8. "Management of Transverse Presentations"—Maggie L. McCrea, M.D., Topeka.
9. "Salpingitis," medically considered—S. S. Classcock, M.D., Kansas City, Kas.
10. "Some Cases of Abdominal Surgery"—J. C. McClintock, M.D., Topeka.
11. "Coccygodinia"—P. D. St. John, M.D., Wichita.
12. A Paper (subject not announced)—M. B. Ward, M.D., Topeka.
13. "Some Nervous and Mental Results of Uterne Disease"—A. P. Tenney, M.D., Kansas City, Kas.
14. "Hydropismus," with case—A. W. Carson, M.D., Dover.
15. A Paper, subject not announced—C. M. Holcomb, M.D., Winfield.
16. "Fibroids of the Uterus"—Mary J. Lobdell, M.D., Beloit.
17. A Paper, subject not announced—C. C. Uhls, M.D., White City.

J. W. FELTY, M.D., Chairman.
MARY GAGE DAY, Secretary, Wichita.

SURGICAL SECTION.

1. Chairman's Address—W. R. Priest, M.D., Concordia.
2. "Injuries to the Spine and Cord"—J. E. Hawley, M.D., Burr Oak.
3. "Surgery in Country Practice"—P. Daugherty, M.D., Junction City.
4. "What Shall We Do For Hernia?"—Emory Lamphear, M.D., Ph.D., Kansas City, Kas.
5. "Tissue Repair"—S. E. Sheldon, M.D., Topeka.
6. "A Case of Gunshot Injury to the Brain"—L. Reynolds, M.D., Horton.
7. "A Rare Case of Retention of Urine and Unique Expedient for Effecting Catheterization"—C. C. Seabrook, M.D., Burlingame.
8. "Operation for Appendicitis," M. C. Farrer, M. D., Atchison.
9. "Fissure of Rectum"—J. F. Axtell, M.D., Newton.
10. "Shall We Amputate at the Knee Joint?"—J. N. Venard, M.D., Ness City.
11. "Injuries to the Head"—A. B. Peters, M.D., Mankato.
12. "Surgical Treatment of Tubercular Disease of Tendons' Sheaths"—N. F. Terry, M.D., Lyons.
13. "Some Simple Dressings for Fractures"—L. J. Lyman, M.D., Manhattan.
14. "The Repair of Incomplete Laceration of the Perineum, with Relaxation of the Pelvic Floor—" C. W. Adams, M.D., Kansas City, Mo.

W. R. PRIEST, M.D., Chairman.
M. C. FARRER, M.D., Secretary, Atchison.

SECTION OF OPHTHALMOLOGY AND RHINOLOGY.

1. Chairman's Address, "The Eye a Specialty"—A. C. Graves, M.D., Cherokee.
2. "Some Phases of Heterophoria"—Flavel B. Tiffany, M.D., Kansas City, Mo.
3. "The Middle Turbinate and Its Relation to the Respiratory Tract"—W. E. McVey, M.D., Topeka.
4. "A Case in Practice"—E. E. Hamilton, M.D., Wichita.
5. "Early Diagnosis in Syphilitic Lesions of the Upper Respiratory Tract," with illustrative cases—E. B. LaFevre, M.D., Abilene.

6. "Ophthalmia Neonatorum"—J. E. Minney, A.M., M.D., Topeka.
7. "Report of Two Cases Tumor of Larnyx," with Specimens—Hal Foster, M.D., Kansas City, Mo.
8. "A plea for the Early Correction of Refractive Errors"—W. W. Campbell, M.D., Atchison.
9. "Eye Affections as the Result of Diseased Teeth"—H. Z. Gill M.D., Pittsburg.
10. "Panophthalmitis"—L. P. Paddock, M.D., Netawaka.
11. "The Reflex Amblyopia"—B. E. Fryer, M.D., Kansas City, Mo.
12. "Hemorrhage After Extraction of Cataract"—D. F. Longnecker, M.D., Emporia.

A. C. GRAVES, M.D., Chairman.
R. S. MCGEE, M.D., Secretary, Topeka.

By request the following subject will be offered for discussion: "Does the Profession of Kansas Desire a Medical Department of the State University?" If you cannot be present please express your views by letter to the secretary.

Committee on Arrangements—Dr. W. H. Bogle, Atchison, Chairman; Dr. E. G. Blair, Dr. C. H. Linley, Dr. R. S. Mitchell.

Reception Committee—Dr. M. C. Farrer, Dr. D. W. Campbell, J. M. Linley.

All hotels will give reduced rates: Bynum, $2; Union Depot, $2; others in proportion.

Poisoning by Home-Made Wines.

The *British Medical Journal* says: "On this subject we have received rather a startling communication from Mr. G. A. E. Roberts, of Twyford, Hants. He has had over thirty cases, during the last twelve months, of lead poisoning from drinking home-made wine and beer, brewed in glazed earthenware pans. He is sure that these only represent about half of the cases, as many are not sufficiently ill to seek advice. According to Mr. Roberts, if other country districts suffer in the same proportion, there must be somewhere about 50,000 cases a year in England. He points out that if the use of lead in glazed pans was prohibited, or they were marked in some way to show that it was unsafe to brew in them, a great amount of sickness would be prevented. Notices might be posted up in villages calling attention to the danger of using these vessels for such purposes.

Treatment of Hyperchlorhydria.

Dr. Cantu, of Pavia, said that he had had occasion to give duboisine as a calmative of gastro-intestinal pains, and was led thereby to a study of the physiological action of this drug upon the gastric functions. He found that it caused a marked diminution in the acidity of the stomach contents, reducing it about one-half. Analysis made by Sioquist's method showed that this decrease in acidity was due chiefly to a diminished secretion of hydrochloric acid. Duboisine would then be indicated in all gastric affections characterized by an exaggerated glandular secretion, or rather, he would say, by an increased formation, of HCl. The excellent results obtained by the author from the administration of the drug in such cases was a practical confirmation of his experimental conclusions. The action of duboisine is very far superior to that of atropine. The dose of the hydrochlorate employed was 1-10 to 2-5 milligramme hypodermically, or 1-5 to 7-10 milligramme by the mouth. The action of the remedy ceased to be noted 24 hours after the administration of the last dose.—*Medical Record.*

Pancreatic Changes in Diabetes.

Dr. David Hausemann, of Berlin, presented a communication on this subject in which he said that there was a form of diabetes occurring with and another form without pancreatic lesions. The pancreas may be destroyed by connective tissue or fatty overgrowth, by tumors or by calculi, and diabetes thereby result. In many such cases, however, so much of the pancreatic tissue may be preserved that no glycosuria is induced. The most frequent pancreatic lesion in diabetes is simple atrophy, and this is found in corpulent diabetic patients as well as in the emaciated, but is met with only

exceptionally in other cachexiæ. The form of diabetes occurring with simple atrophy of the pancreas may be regarded as genuine pancreatic diabetes in contradistinction to the forms associated with other diseases of this gland which present more casual lesions.—*Medical Record.*

Program.

The Northwest Kansas Medical Association will meet in Wakeeney, Kas., June 5, 1894, at 10 A.M. Following is the program:

"Cholera Infantum," Dr. J. W. Tulles. Discussion: Dr. W. J. McDonald, Dr. J. H. Middlekauf.

"Lithotomy," Dr. A. B. Jones. Discussion: Dr. G. B. Snyder, Dr. S. E. Sheldon.

"Infantile Dietetics," Dr. C. W. Bobo. Discussion: Dr. C. W. Winslow, Dr. W. R. Griffin.

"Rheumatism," Dr. J. W. Norris. Discussion: Dr. F. O. Brainard, Dr. W. E. McVey.

"Five Leading Therapeutical Agents," Dr. J. N. T. Taylor. Discussion: Dr. J. N. Page, Dr. M. Tulles.

"Pneumonia," Dr. Charles Hammond. Discussion: Dr. L. J. Lyman, Dr. J. E. Vanderpool.

COFFEE is found to have a remarkable antiseptic power, its effect in destroying microbes seeming to be due to empyreumatic oils developed in roasting, and not to caffeine.—*Courier-Record.*

PHYSICIAN (to bank president)—"Your habits are too sedentary. You should take more exercise."

Patient—"How would a run on the bank do?"—*Buffalo Enquirer.*

"Beware of Quacks."

We notice in a local paper an advertisement of a firm of socalled specialists in Kan-City, in which, after trying to impress the public with their wide reputation for integrity and their ability to cure all human ills, they seem to be conscious stricken and add a warning to "Beware of of Quacks."

IRRITABLE BLADDER—

℞

Tinct. gelsemii .....ʒ ss
Sodii bromidi .....ʒ iij
Ext. tritici fluidi.....ʒ jss

M,

Sig.: A teaspoonful in water every four hours.

BURNS AND SCALDS—

℞

Iodoformi .....ʒ i
Cetacei.....ʒ jss
Ext. conii .....gr. xl
Ac. carbolici.....gtt. x

M.

Sig.: Spread on lint and cover the parts therewith.

THE South Kansas Medical Society meets in Wichita Tuesday, May 1. An excellent program has been prepared and the meeting will be a good one.

SHE READ THE ADVERTISEMENTS.—Young Housewife—"Any liver to-day, Mr. Bones?"

Butcher—"Yes, madam."

Y. H.—"Then I'll take 10 pounds; but please see that it is not that wretched, torpid kind, which the doctors say is the cause of so much disease."—*Raymond's Monthly.*

Typhoid Fever.

Treatment: Internal and external free use of water, irrigation; peroxide of hydrogon (medicinal) and glycozone; codeine; liquid soap. Suitable ventilation and sunshine, food and nursing.

BY ELMER LEE, A.M., M.D.

Read before the Chicago Medical Society, March 5, 1894.

Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and at the same time it constitutes one of the really great discoveries in the history of medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine, than all the other propositions known to the profession for the cure of disease.

The symptoms of typhoid fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal canal. There is a poison there which, if it could be removed before it had become absorbed into the blood, life and even health would be spared. Allowed to remain, the poison is drawn into the circulation, and very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized by suitable remedies, or washed entirely away by a stream of flowing water the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of typhoid fever, the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally first, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soapy water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person after following such ablution is a delight to the physician and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my cotemporaries, that something would be bursted by running a large volume of water into the bowels of persons sick with typhoid fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases have been so deluged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any one, always seems inconvenient or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz.: 75 degrees; but if the patient is chilly, or has a low temperature, the water should be at blood heat, nearly 100 degrees. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The co-operation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals, and by such a system as may be convenient and suitable to the individual. The bathtub may be used when the patient is strong enough to be assisted to it; where otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on

the bed, covered with a sheet wet with cold water. The patient is wrapped in the sheet and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one-half to one hour or even longer if he is comfortable. Bathing opens the pores of the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily, during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and always plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin. Let the sick have water, it can do no harm in any case; water only does good. What cruelty it was in fever cases to keep water from them, and what suffering it caused. A tablespoonful of peroxide of hydrogen (Marchand's) is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure typhoid fever. Continued for a few days it is then laid aside for a few days, and glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so in this way the two remedies are alternated, which is found by me to be the best arrrangement for administering these valuable antiseptics. The preparation, glycozone, is chemically pure, redistilled glycerine in which ozone, or concentrated oxygen, has been incorporated, and can be taken with as much freedom and safety as pure glycerine. The glycozone may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of codeine is used, in doses of from one-half to one grain, by the mouth, or one-quarter to one-half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

The typhoid fever patient receives as food whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, or every other day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious when whipped till it is light and then stirred with a small glass of milk. For a simple and nourishing artificial food malted milk is always good.

The juices of fruits are delicious to the typhoid fever patient, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe that, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half drained, it is an encouraging sign of beginning restoration. For wholesome drinking, fresh lake water which has passed through a Pasteur porcelain filter is entirely reliable.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this which is so simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in typhoid fever; indeed, one of these days, in my opinion, the statement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me and practiced during a period of five years, consists, in review, of the following systematic management in typhoid fever.

Water used internally as a douche for free irrigation of the bowels, either simple or made soapy with pure liquid soap. Water as a drink, and as a remedy taken copiously and frequently, especially during the stage of fever. Water is indispensable and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: Peroxide of hydrogen (March-

and's), or glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of this enormous area to effect it beneficially. Cleanliness is the principle governing the use of peroxide of hydrogen (medicinal) and glycozone.

For a remedy that soothes and brings on sleep at night, sulphate of codeine is better than chloral, besides it is the safest and best.

For food, anything that is simple and in liquid form; milk is always the best; milk and whipped eggs; pressed juice from broiled meat. The juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four hours), that sufficient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid fever, generally transmitted through the drinking water, is a preventible disease. Typhoid fever affects all classes, but if food and water were always pure, no class or age need contract typhoid fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape typhoid fever and other diseases of the bowels. Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

THE Pharmacopœia is singularly poor in vegetable alteratives, and sarsaparilla, the best known and most frequently prescribed, is most uncertain in action and frequently very disappointing in results. Any well tested addition, therefore, to our matera medica in this class of remedies, will, we are sure, be gladly welcomed by practitioners. Some time ago we received from Messrs. Parke, Davis & Co., of Detroit, U. S. A., a sample of a syrupy compound containing the essential elements of *Trifolium pratense* (red clover), *Stillingia sylvatica* (yaw root), *Lappa officinalis* (burdock), *Phytolacca decandra* (poke root), *Berberis aquifolium* (mountain grape), *Cascara amarga* (Honduras bark), and *Xanthoxylum Americanum* (prickly ash). All these are powerful alteratives, and have been in common use by American physicians in cases of a scrofulous or syphilitic nature. The proportions of each drug contained in the syrup are given with the directions, and to increase its operative action eight grains of iodide of potassium have been added to each ounce. We have used it with decidedly satisfactory results in some cases of chronic skin diseases of suspected specific origin. Being very palatable, children take it readily, and we have found it exceedingly useful, when combined with small doses of perchloride of mercury in treating congenital syphilis.—*Hospital Gazette.*

THE essential oil of eucalyptus one part to one hundred will disguise the taste and smell of cod liver oil.

Lysol in Obstetric Practice.

Israelson (*St. Petersburg med. Woch.*, No. 47, 1893) urges the use in obstetric practice of lysol as having greater antiseptic properties and a less poisonous action than any coal-tar derivative hitherto known. He uses a 1 per cent. solution for the skin, etc., and a 2 per cent. solution for instruments, this preparation being less milky than the former. No pains, but only slight burning sensations are produced by the use of either, and it has no irritant action of the skin. Owing to lysol forming a "lather" with water it is a substitute for soap, rendering unnecessary the inunction of the hands and the application of soap and water prior to operations. The author has tried lysol extensively during one year and a half with satisfactory results.—*Medical and Surgical Reporter.*

Massage in Typhoid Fever.

Dr. Smirnow used massage in cases of typhoid fever where oedema of the lungs and of the brain were threatening, and also for passive hyperemia of the lungs. He elevated the upper part of the body and rubbed with circular movements the temples, the face and the lateral parts of the neck; then used the tapotement of these parts and made rubbing movements with the palm of the hand from forehead and temples over the cheek and the neck in order to accelerate the current of the venous blood of the skin of the head into the great veins.

After this he had the patient lie on his side and make circular movements over one-half of the thorax, and then he rubs the intercostal spaces from the vertebral column to the sternum, passing over them four or six times. Finally, he adds massage of the abdomen and of the lower extremities.

The whole takes from fifteen to twenty minutes.

The venous stagnation was rapidly reduced; the spmptoms of oedema of the lungs and brain quickly disappeared: the respiration became deeper, the pulse fuller and less frequent and the consciousness clearer.

Where there is degeneration of the heart muscle little is to be expected from any method.—*Ex.*

WHAT is the difference between opium and Abraham?

Opium is the juice of the poppy, Abraham is "poppy" of the Jews.—*Doctors' Factotum.*

Aristol in Operations for Appendicitis.

There has been a tendency of late to avoid the use of chemical antiseptics in the peritoneal cavity in laparotomy cases. Some operators discountenance even irrigation with sterilized water and confine themselves to dry sponging. In cases where extensive adhesions are, however, present, there is great danger that the separated peritoneal surfaces may reunite and secondary adhesions again be formed, necessitating a subsequent operation. It is therefore highly desirable to interpose between the separated peritoneal surfaces an adhesive and innocuous antiseptic which will form a film with exudates and act as an obstacle to adhesions until the danger of their formation is past. In operations for appendicitis it is quite common to encounter numerous adhesions which after separation are apt to reunite unless proper preventive measure are adopted. Dr. Robert T. Morris, *Medical News*, April 7, 1894, in an interesting clinical lecture at the New York Post Graduate Medical School, on "The Inch-and-a-Half Incision in Appendicitis," highly extols Aristol for that purpose after an experience of over three years with that substance. His remarks on this subject are as follows: "The large ragged portion of cecum that was involved in adhesions in this case to-day is now covered thickly with Aristol, and after waiting a full minute to allow a lymph coagulum to form with part of the Aristol, the surplus powder is blown away. Aristol used in this way prevents reunion of adhesions. It is one of the most practical resources. I have separated old adhesions a great many times for former patients whose peritoneal surfaces had been injured by the routine technique of the day, and have relieved them completely with the Aristol film." The simplicity and safety of Dr. Morris' method and the success attending its employment in his practice warrant its general adoption in abdominal surgery.

PATRICK, to doctor—"Will the medicine stay on me stomick?"

Pompous Doctor—"I assure you it will cause you no gastric disturbance."

Patrick—"Yes, doctor, I know that, for we don't use gas at all. But I want to know if I can keep it down. The last you gave wouldn't stay to get acquainted."